

Name
in
Full

Myrtle Barnes

34
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at Bears Creek Town Caldert County

Date of death 1907 January 17 Age 29 Months Days

Sex Female Color or Race Colored Birth-place Caldert

Occupation House wife Where Residing if not at place of death Bears Creek

Married, Single Married Name of Wife or Husband Benson Barnes

Father's Name Henry also Father's Birthplace Caldert

Mother's Maiden Name Kate Grant Mother's Birthplace Caldert

Name of person giving information Harry Ivers How related to deceased None

CAUSES OF DEATH

PHYSICIAN
OR CORONER

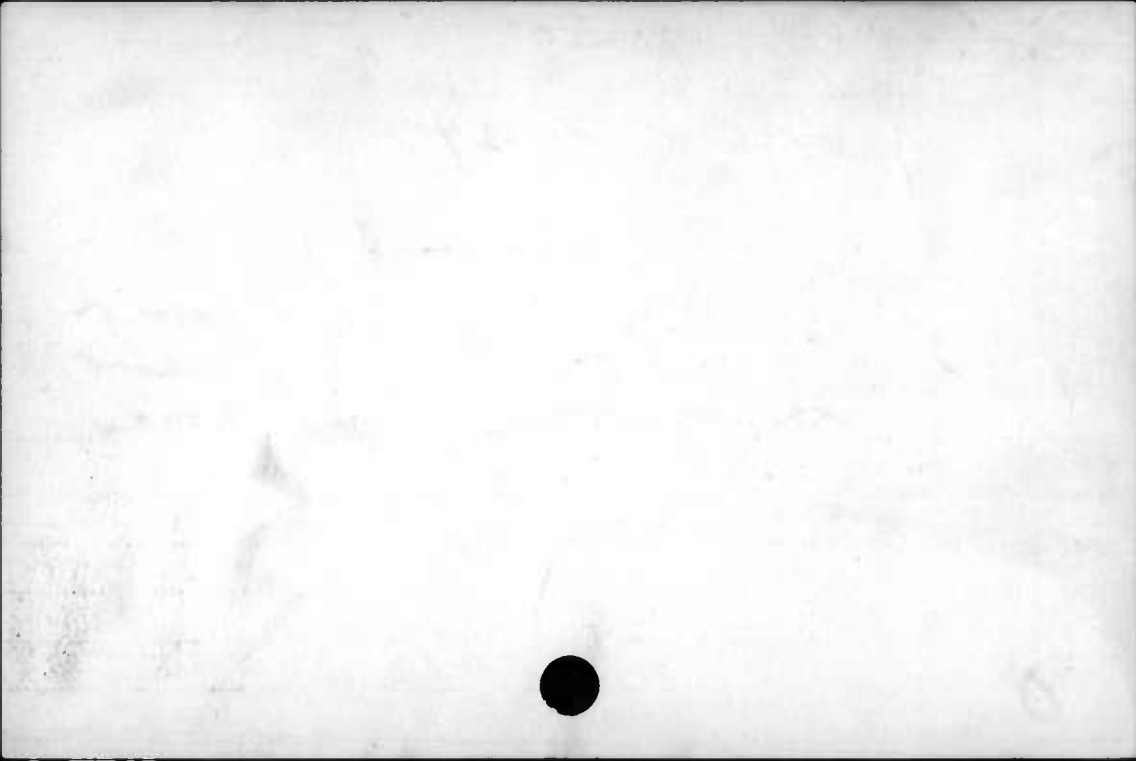
Primary Grippe — (10) How long 1 week

Immediate Prison How long 4 days

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician P. Briscen

Address Mutual
St.

Accident or Suicide?



Name
in
FullEverett Lewis Booth, twin 2/
Town Sunderland County Calvert

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Sunderland

Town

County

Calvert

MARYLAND

Date

of death 1907

Month

Jan

Day

11

Age

Years

Still Born

Months

Days

Sex

Male

Color or ed
RaceBirth-
place

Sunderland

Occupation

—

Where Residing if not
at place of death

—

Married, Single
or Widowed

Single

Name of Wife or
Husband

—

Father's
Name

John W Booth Farmer

Father's
Birthplace

Calvert Co

Mother's
Maiden Name

Susie Emerson

Mother's
Birthplace

" "

Name of person giving
in formation

Brother James Emerson

How related
to deceased

Bro

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Still Born

How long

—

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

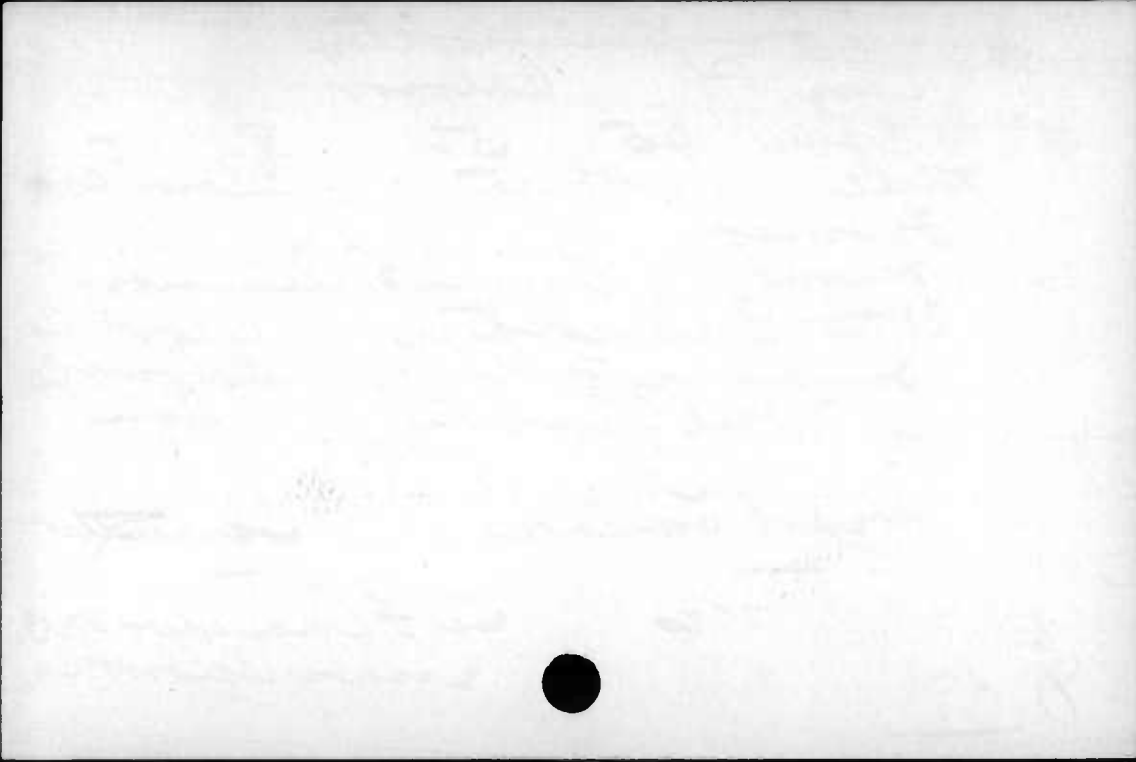
Mary Thomas Midwife

Address

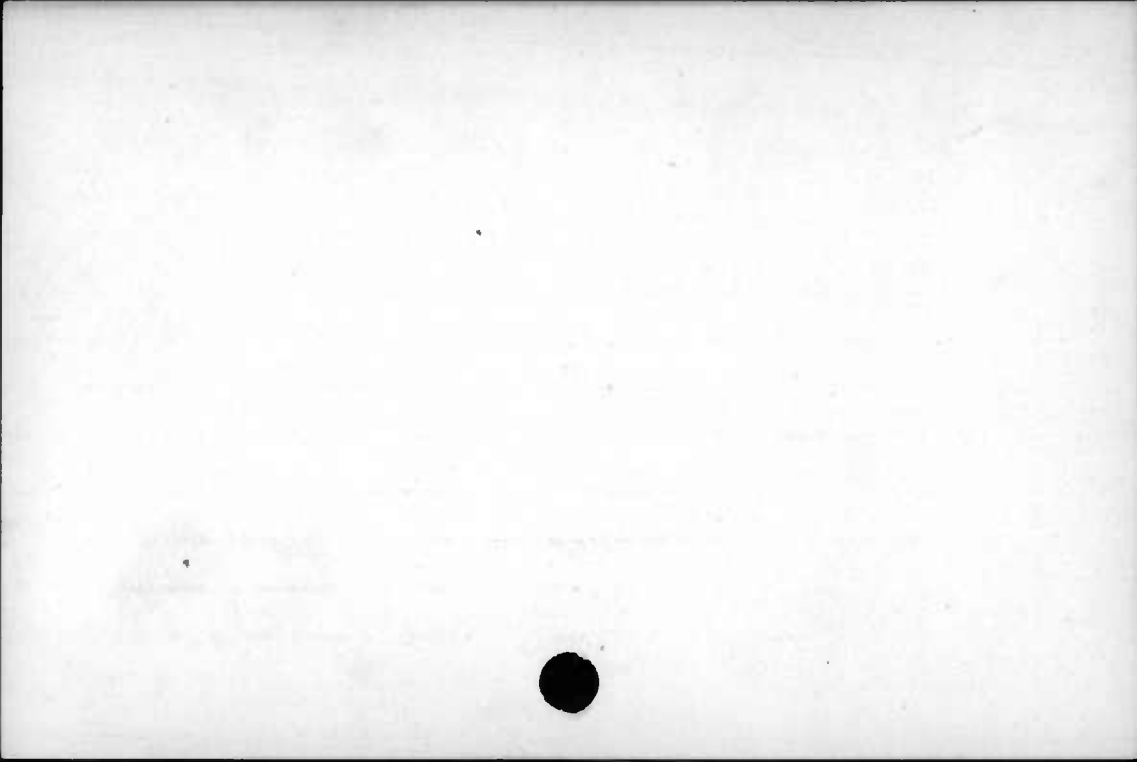
Mt Harmony Md

Accident or Suicide?

Jm W Ward Sub Registrar



Name in Full		Town		County		CERTIFICATE OF DEATH	
James Joshua Booth		Sunderland		Calvert		MARYLAND	
Died at		Date of death		Age		Months Days	
1907 Jan 11		Still Born					
Sex		Color or Race		Birth-place			
Male		red		Calvert Co			
Occupation		Where Residing if not at place of death				Sunderland	
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name		Father's Birthplace				Calvert Co	
John W Booth							
Mother's Maiden Name		Mother's Birthplace				" "	
Jessie Emerson							
Name of person giving information		How related to deceased				Bro.	
Booth James Emerson							
CAUSES OF DEATH							
Primary		How long					
Still Born							
Immediate		How long					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician					
		Mary Thomas Midwife					
		Address					
		Mt Harmony Md					
Accident or Suicide?							
		Wm H Ward Sub Registrar					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>James Franklin Charlton</i>		Town <i>Cove Pt</i>		County <i>Calvert</i>		MARYLAND	
Died at <i>Cove Pt</i>		Date of death <i>1907 Jan 25</i>		Age <i>50</i>		Months <i>8</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Calvert Co</i>		Days <i>-</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Annie T. Culumber</i>					
Father's Name <i>Wm E. Charlton</i>		Father's Birthplace <i>Calvert Co</i>					
Mother's Maiden Name <i>Susanna Bodder</i>		Mother's Birthplace <i>Calvert Co</i>					
Name of person giving information <i>Will Charlton</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Heart Failure</i>	How long <i>Instantly</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo F Chambers MD</i>
	Address <i>Libby Calvert Co</i>
Accident or Suicide? <i>—</i>	

Name
in
Full

Not Named Colterhill

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Barstow		County Calaveras		MARYLAND	
Date of death	1907	Month Jan	Day 20	Age —	Years —	Months —	Days —
Sex	Female		Color or Race	white		Birth- place	Cal Co
Occupation	—			Where Residing if not at place of death —			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name	Arthur Colterhill					Father's Birthplace	England
Mother's Maiden Name	Betty Tucker					Mother's Birthplace	Cal Co
Name of person giving information						How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Still born	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		J. N. Kuig
		Address
		Barstow
Accident or Suicide?		



Name

in
Full

William Isaac Dodson

CERTIFICATE OF DEATH

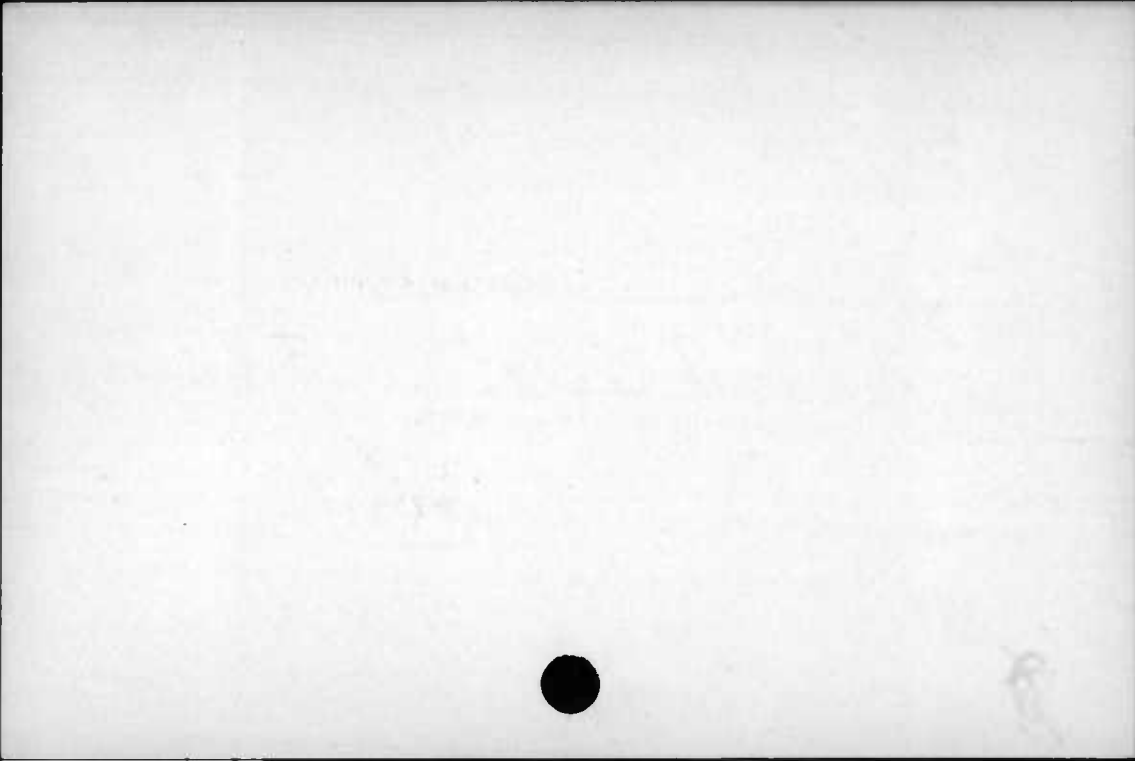
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		1907	Month	Jan	Day	26	Age
						Years	65
						Months	10
						Days	-
Sex		Male		Color or Race		White	
Occupation		Dyeingman		Birth-place		Calvert Co	
Where Residing if not at place of death							
Married, Single or Widowed		Married		Name of Wife or Husband		Laura M. Sanders	
Father's Name		James Dodson		Father's Birthplace		Calvert Co	
Mother's Maiden Name		Elizabeth Mills		Mother's Birthplace		Calvert Co	
Name of person giving information		Laura M Dodson		How related to deceased		Widow	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		La Grippe		How long		about a week	
Immediate		L. Pneumonia		How long		2 weeks	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		L. J. Chambers M.D.	
				Address		Lusby Calvert Co	
Accident or Suicide?							



Name
in
Full

Eliza A. Dowell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lower Marlboro,</u>		<u>Calvert</u> County		MARYLAND	
Date of death <u>1907</u>	Month <u>Jan</u>	Day <u>12</u>	Age <u>80</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Calvert Co</u>		
Occupation <u>Housewife</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>Richard H. Dowell</u>				
Father's Name <u>Thos Jones</u>	Father's Birthplace <u>Cal. Co</u>				
Mother's Maiden Name <u>Margaret Leitch</u>	Mother's Birthplace <u>Calvert Co</u>				
Name of person giving information <u>John R. Snyder</u>	How related to deceased <u>Son-in-law</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Senile Dementia</u>	How long <u>Six months</u>
Immediate <u>General Exhaustion</u>	How long <u>3 Days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>E. N. Newman</u>
	Address <u>Lower Marlboro,</u> <u>Md.</u>
Accident or Suicide? <u>—</u>	

Name
in
Full

Stella S Garney

CERTIFICATE OF DEATH

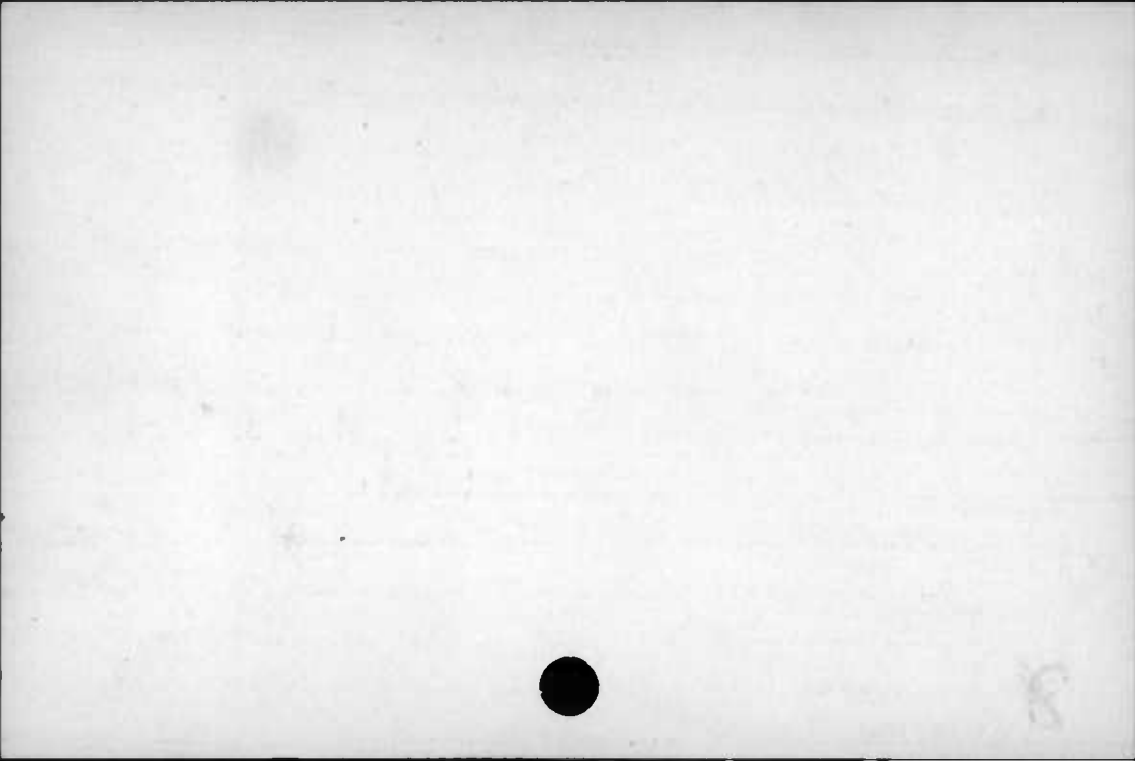
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Newtown		County Calvert		MARYLAND	
Date of death	1907	Month Jan	Day 17	Age	Years	Months	Days
Sex	Female		Color or Race	Colored		Birth- place	Calvert Co
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving In formation				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	La grippe	How long	about a week
Immediate	Broncho Pneumonia	How long	5 days.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		E. F. Chambers M.D.	
		Address	
		Lumbly Calvert Co	
Accident or Suicide?			



Name
in
Full

Joseph S. Gross

CERTIFICATE OF DEATH

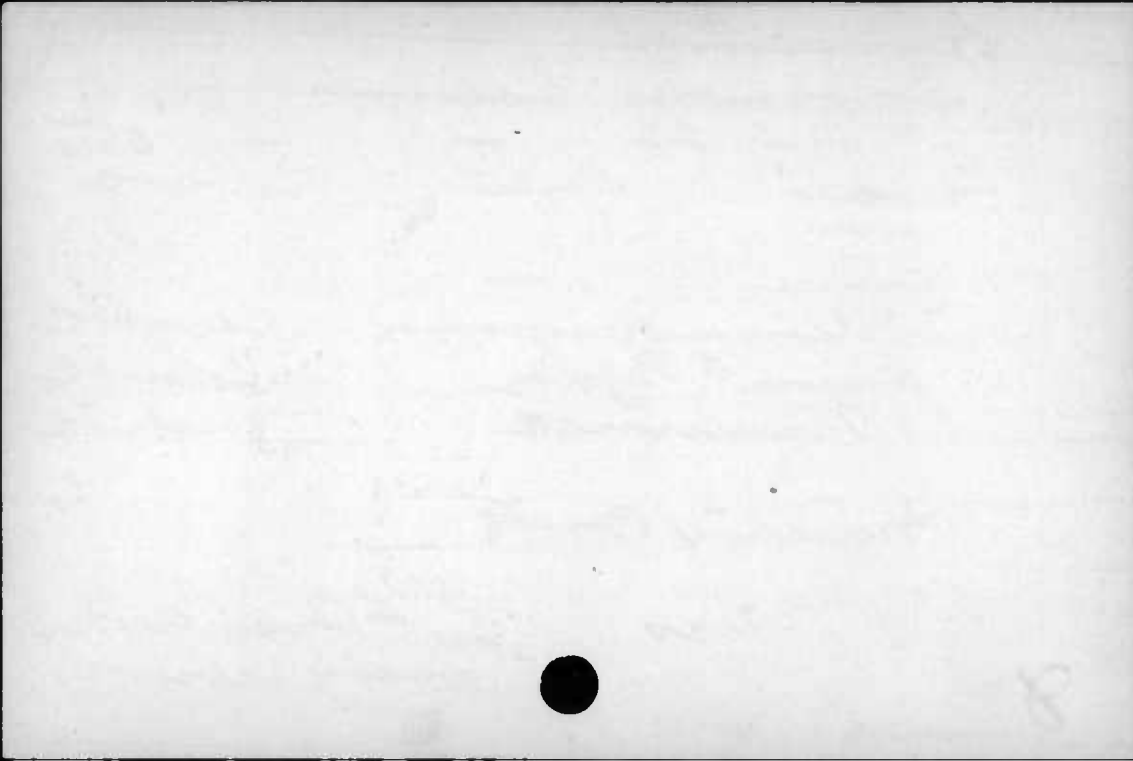
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Dunkirk		County Calvert		MARYLAND	
Date of death		Month July	Day 12	Age 23	Years	Months	Days
Sex male		Color or Race Colored		Birthplace Dunkirk, Md.			
Occupation Laborer		Where Residing if not at place of death Washington, D.C.					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Mr. W. Gross		Father's Birthplace Calvert Co. Md.					
Mother's Maiden Name Mary Boon		Mother's Birthplace Calvert Co. Md.					
Name of person giving information John Gross		How related to deceased Brother.					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Valvular Disease of Heart after Rheumatism	How long	2 months
Immediate	Pneumonia	How long	7 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Thos. M. Channy, M.D.
Yes		Address	Channy, Md.
Accident or Suicide?			



Name
in
Full

Hungerford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Solomons</u> Town <u>Calvert</u> County		MARYLAND	
Date of death 1907 Jan 22		Age -	Months 3
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Calvert Co</u>	
Occupation <u>—</u>		Where Residing if not at place of death	
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>		
Father's Name <u>William Hungerford</u>	Father's Birthplace <u>Calvert Co</u>		
Mother's Maiden Name <u>Emma F. Pardo</u>	Mother's Birthplace <u>Calvert Co</u>		
Name of person giving information <u>Mamie Luck</u>	How related to deceased <u>grandmother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Premature Birth</u>	How long <u>15 1/2</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Dr. F. Chambers M.D.</u>
	Address <u>Lusby Calvert Co</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

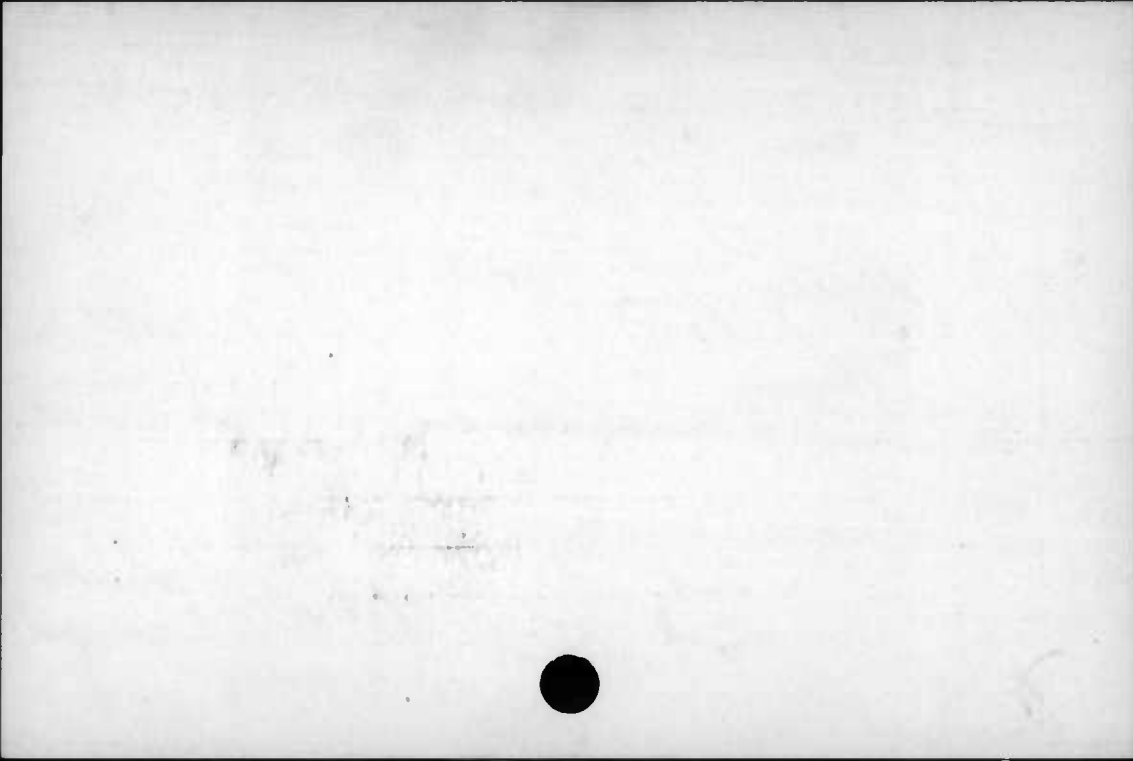
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hungerford</i>		Town <i>Solomons</i>		County <i>Calvert</i>		MARYLAND	
Date of death		1907	Jan	22	Age	—	Months <i>—</i> Days <i>1/4</i>
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Calvert Co</i>			
Occupation <i>Seaman</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>William Hungerford</i>		Father's Birthplace <i>Calvert Co</i>					
Mother's Maiden Name <i>Emma F. Pardo</i>		Mother's Birthplace <i>Calvert Co</i>					
Name of person giving information <i>Mamie Tucker</i>		How related to deceased <i>grandmother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Premature Birth</i>		How long	<i>15</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician <i>Geo F Chambers MD</i>	
			Address <i>Lusby Calvert Co</i>	
Accident or Suicide?				



Name
in
Full

Miss Sarah E. Ireland

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Mt. Harmony</i>		^{County} <i>Calvert</i>		MARYLAND			
Date of death	1907	Month <i>June</i>	Day <i>30</i>	Age <i>64</i>	Years <i>3</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>A.A. Co. Md.</i>				
Occupation <i>Housekeeper</i>	Where Residing if not at place of death <i>_____</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>_____</i>						
Father's Name <i>Wm. Ireland</i>	Father's Birthplace <i>Calvert Co. Md.</i>						
Mother's Maiden Name <i>Mary Dorsett</i>	Mother's Birthplace <i>Virginia</i>						
Name of person giving information <i>Mrs. Maude Hardaway</i>	How related to deceased <i>Niece</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Gastritis</i>	How long <i>1 year</i>
Immediate <i>Debility</i>	How long <i>8 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Thos. M. Chaney Md.</i>
<i>J</i>	Address <i>Chaney Md.</i>
Accident or Suicide?	



Name
in
Full

Annie E King

CERTIFICATE OF DEATH

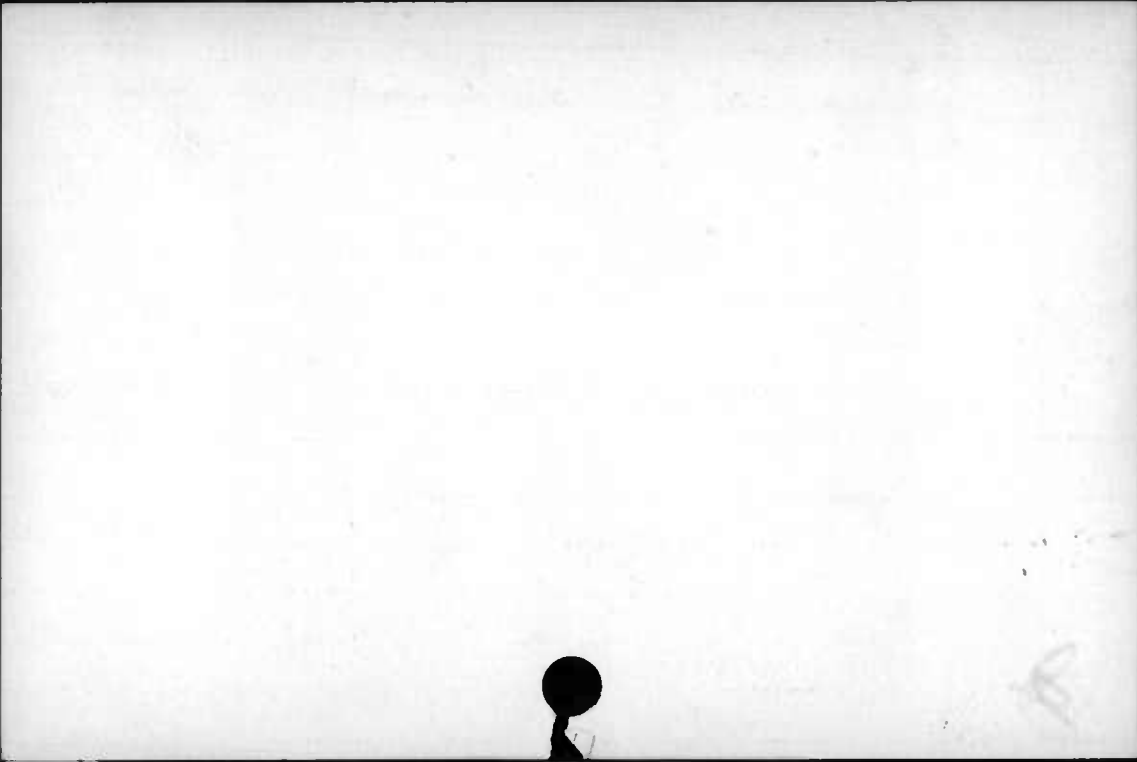
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Prince George's</i>		Town <i>Calvert</i>		County		MARYLAND	
Date of death <i>1907</i>		Month <i>Jan</i>		Day <i>8</i>		Age <i>57</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Cal co</i>		Months	
Occupation <i>House work</i>		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband <i>Silas King</i>					
Father's Name <i>Unknown</i>		Father's Birthplace					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia (Lobar)</i>	How long <i>8 days</i>
Immediate <i>Heart failure</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. M. King</i>
	Address <i>Barstow Md</i>
Accident or Suicide?	



Name
in
Full

Alvorda Lane

CERTIFICATE OF DEATH

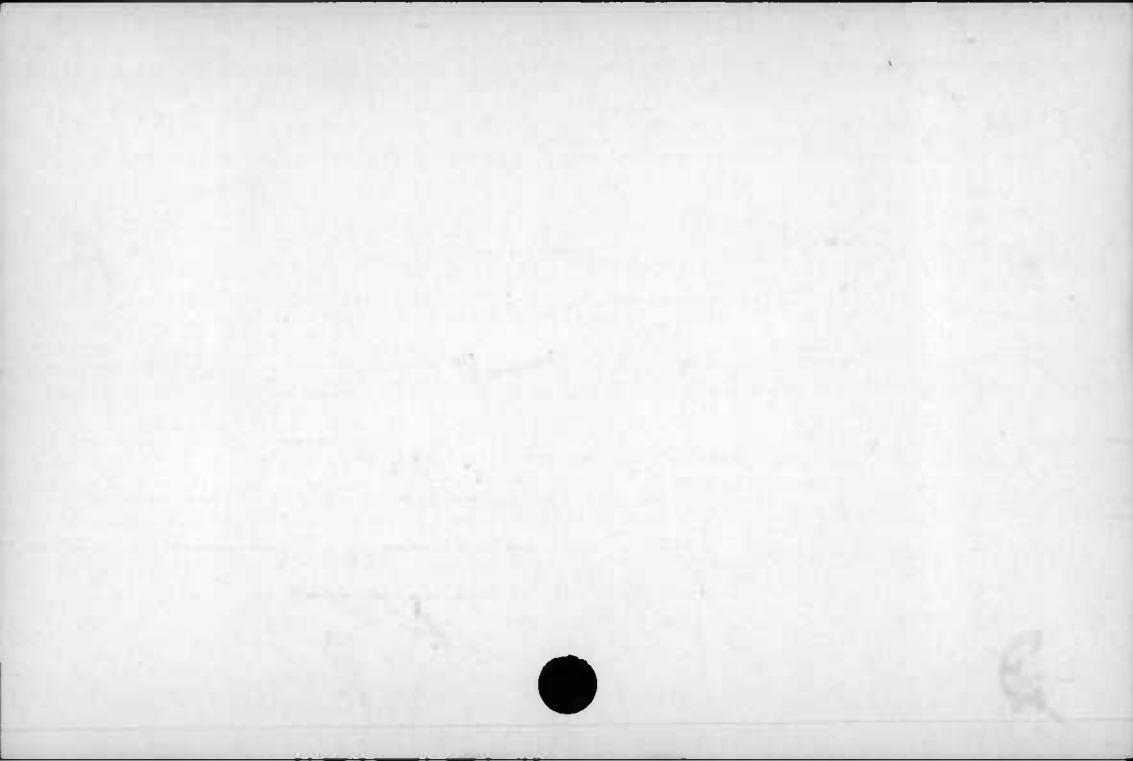
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Dunkirk</u> ^{Town}		<u>Calvert</u> ^{County}		MARYLAND	
Date of death <u>1907</u>	<u>January</u> ^{Month}	<u>7</u> ^{Day}	Age <u>14</u> ^{Years}	<u> </u> ^{Months}	<u> </u> ^{Days}
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birthplace <u>Calvert Co., Md</u>			
Occupation <u>Attending School</u>	Where Residing if not at place of death <u> </u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u> </u>				
Father's Name <u>Henry Lane</u>	Father's Birthplace <u>Calvert Co., Md.</u>				
Mother's Maiden Name <u>Annie Young</u>	Mother's Birthplace <u>Calvert Co., Md</u>				
Name of person giving information <u>Henry Lane</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Punctured Wound in sole of left foot - made by nail.</u>	How long <u>7 days</u>
Immediate <u>Tetanus.</u>	How long <u>3 days</u>
<u>no treatment until last twenty four (24) hrs.</u>	
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Thos. M. Chaney, M.D.</u>
	Address <u>Chaney, Md.</u>
Accident or Suicide? <u>Accident</u>	



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

Eliza Frances Stevens Anne Ashbury Oliver

CERTIFICATE OF DEATH

Died at		Town <i>Solomons</i>		County <i>Calvert</i>		MARYLAND	
Date of death	1907	Month <i>January</i>	Day <i>31</i>	Age <i>59</i>	Years	Months <i>0</i>	Days <i>30</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Somerset Co., Md.</i>				
Occupation <i>Housewife</i>			Where Residing if not at place of death <i>-</i>				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Thomas J. Oliver</i>					
Father's Name <i>Solomon Shores</i>		Father's Birthplace <i>Somerset Co., Md.</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>do do</i>					
Name of person giving information <i>Flora D. Luby</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

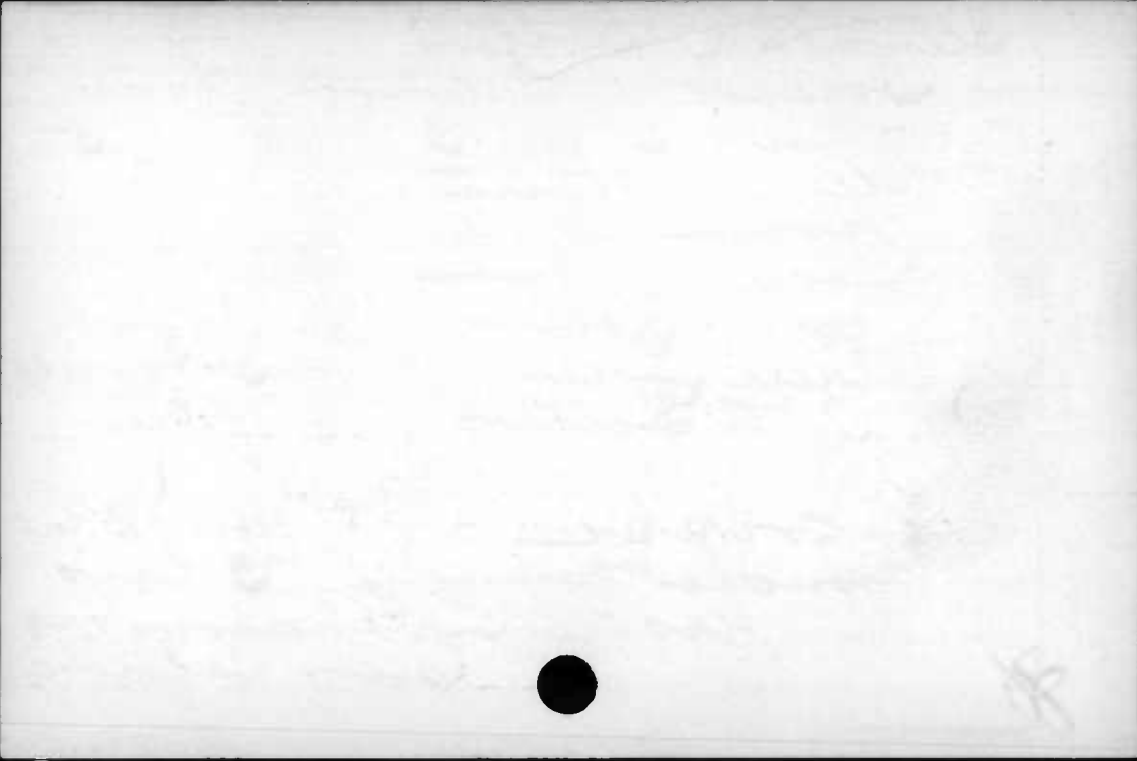
Primary	<i>apoplexy</i>	How long	<i>14</i>
Immediate	<i>Cerebral hemorrhage</i>	How long	<i>14 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. H. March</i>	
		Address <i>Solomons, Md.</i>	
Accident or Suicide? <i>X</i>			



Name in Full Joseph C. Purvey		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Olivet Town	Calvert County	MARYLAND
	Date of death 1907 Jan 25	Age 26	Months 9 Days 20
	Sex Male	Color or Race Colored	Birth-place Calvert Co
	Occupation Cyclistman	Where Residing if not at place of death	
	Married, Single or Widowed Married	Name of Wife or Husband Nannie Cole	
	Father's Name Stephen Purvey	Father's Birthplace Calvert Co	
	Mother's Maiden Name Josephine Wilson	Mother's Birthplace Calvert Co	
Name of person giving information Daniel Purvey	How related to deceased Brother		
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Lobar Pneumonia	How long 1 week	
	Immediate Prostration	How long	
	Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Dr F Chambers MD	
		Address Lesby Calvert Co	
Accident or Suicide?			



Name in Full		Reggs				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Owings</u>		Town		County <u>Calvert</u>		MARYLAND
	Date of death <u>1907</u>	Month <u>Jan</u>	Day <u>13</u>	Age <u>1</u>	Years <u>1</u>	Months <u>8</u>	Days
	Sex <u>Female</u>		Color or Race <u>African</u>		Birth-place <u>Cal. Co</u>		
	Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>			
	Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>				
	Father's Name <u>Geo. Reggs</u>				Father's Birthplace <u>Cal. Co</u>		
	Mother's Maiden Name <u>Kate Anderson</u>				Mother's Birthplace <u>" "</u>		
PHYSICIAN OR CORONER	Name of person giving information <u>Saint Guy</u>				How related to deceased <u>Nephew</u>		
	CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary <u>Broncho-Pneumonia</u>				How long <u>92</u> <u>7 weeks</u>		
	Immediate				How long		
	Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>E H Hinman</u>				
			Address <u>Lower Marlboro</u> <u>Ind.</u>				
Accident or Suicide?							



Name
in
Full

Stewart L. Sollers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Sollers		County Calvert		MARYLAND	
Date of death		190	Month 7 Jan	Day 16	Age 3	Years 9	Months 15
Sex Male		Color or Race White		Birth-place			
Occupation None				Where Residing if not at place of death			
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Wm A Sollers		Father's Birthplace Calvert Co					
Mother's Maiden Name Adele Tyler		Mother's Birthplace St Marys Co					
Name of person giving information W A Sollers		How related to deceased Father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Lagrippe	How long	About 3 das
Immediate	Brncho-Pneumonia	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		J F Channors MD	
Address		Lusby Calvert Co	
<input checked="" type="checkbox"/> Assistant or Solicitor			

Name
in
Full

Elija Stinnett

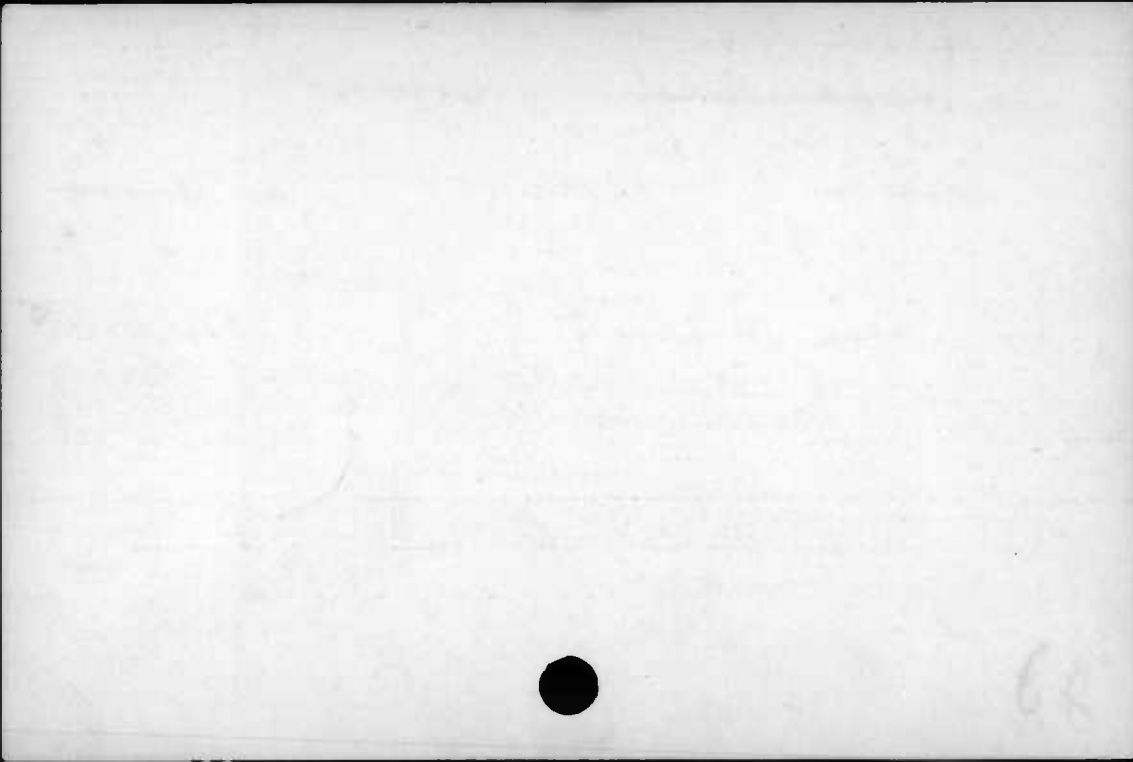
35
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Island Creek</i> Town		<i>Calvert</i> County		MARYLAND	
Date of death	1907	Month	Jan	Day	20
Age		43		Years	
Sex		Female		Color or Race	White
Birth-place		Calvert Co			
Occupation			Where Residing if not at place of death		
Housewife					
Married, Single or Widowed		Name of Wife or Husband			
Widowed		Jesse E. Stinnett			
Father's Name		John B. Sewell		Father's Birthplace	
				Talbot Co.	
Mother's Maiden Name		Sarah J. Cumminge		Mother's Birthplace	
				Talbot Co.	
Name of person giving information		Thos. H. Sewell		How related to deceased	
				Uncle	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Grippe</i>	How long	10 days
Immediate	<i>Pneumonia</i>	How long	5 "
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>P. Busson</i>	
		Address	
		<i>Mutual</i>	
		<i>Ind.</i>	
Accident or Suicide?			



Name
in
Full

Alvin Walton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Chesapeake Beach ^{County} Calvert MARYLAND

Date of death 1907 Month 1 Day 11 Age . Years Months 8 Days

Sex Male Color or Race white - Birth-place 6 Beach

Occupation Where Residing if not at place of death

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

Alvin Walton

Father's
Birthplace

Bunkers

Mother's
Maiden Name

Carrie King

Mother's
Birthplace

6 Beach

Name of person giving
In formation

Menton Marquess

How related
to deceased

Friend

CAUSES OF DEATH

Primary

Convulsion

How long

24 hours

Immediate

Coma

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

J. L. Brayshaw
Friendship
Md

Accident or Suicide?

PHYSICIAN
OR CORONER

